



HEADLINES

July 2011

RAF Upwood Clinic

Ramsey, Cambs
PE262PQ

Duty Hours

Mon-Friday 0900-1700

DSN 268-4552

Comm 01480-844552

Mental Health Team

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United States Air Force

Resiliency and Stress, by Capt Abraham Diaz

As much as we can strive for perfection and hope that nothing goes wrong, the fact things will not always go as we had planned will test our ability to handle life stressors or tragedies. The Air Force, as well as the DoD, are strongly emphasizing the importance of being RESILIENT, and are creating initiatives with the intent on building a more resilient fighting force. The challenge is set, and has been for the past 10 years that we have been at war, and things far from being perfect.

We ourselves can do our part in making sure we are physically and mentally fit to handle whatever comes our way, because they are coming. You can make small, simple changes to your life that can have a massive impact on your physical and mental well-being. Below are just a few things that will better prepare us to conduct our lives suitably to effectively manage stress.

- First, we all need to get some good rest and a good night of sleep. Our bodies can physically handle so much, and we need to rest and recover, because it's going to be the same ol' thing the next day too. Walk away from your desk every now and then. Look away from the computer screen and take a

coffee or smoke break. Make sure you are getting 7-8 hours of sleep.

- Express your feelings instead of bottling them up. If something is bothering you, talk to someone; communicate your concerns in an open and respectful way. If you don't voice your feelings, resentment will build and the situation will likely remain the same. It's also important to be a good listener too because that other person you're next to will need the same from you.
- Don't procrastinate. When you're stretched too thin and behind on your priorities, it's hard to stay calm and cool-headed. If you plan ahead and make sure you don't over-extend yourself, you can alter the amount of stress you're under.
- Laugh, have a good time. Life is too short not to enjoy it. As Dr. Tansley said in a previous newsletter, "Laughing with others is more powerful than laughing alone...Go share some fun!"

Task saturation by Dr Dennis Tansley

...I know, I know...you're wondering what that means, right? Hardly! For the past 15 years I've heard folks say, "we have to do more with less." So it's no wonder that we occasionally get task saturated. The way I figure it, everyone is probably doing everything that six people did when I first enlisted.

None-the-less, here we are...more to do, less to do it with. You get tasked from every direction while you balance numerous other projects, then your car gets a flat, a family member gets sick, your computer crashes, and you're expected to keep going. So what happens to us when we become task saturated? For starters, we might feel a bit overwhelmed...a wee bit stressed.

Emotionally, we might feel more anxious, angry, depressed, or frustrated, to name a few. We

might experience sleep problems, make more mistakes, isolate, change eating, alcohol consumption, and smoking habits, act impulsively, have relationship problems, shut down and become unable to function.

Not wanting to be a harbinger of doom in this, our Spring edition...*The good news* is that each of us is able to do something to manage task saturation.

For starters, we can employ some simple time and task management strategies like not procrastinating, keep an activity log so you can see where your time goes, then carve out the use-less activities, create prioritized to do lists (and do the tasks on the list), make your schedule and workspace as efficient as possible, learn how to multitask – make your trips down the hall count, and check in with and assist each other.

Continued on Page 2

423 MDS, Mental Health

Other 501 CSW Re-sources

The Family Advocacy Clinic is currently working with the Airmen & Family Readiness center on:

- Bundles for Babies
- New Dad's Class

Be on the look out for these services to be advertised (Coming Soon!).

RAF Lakenheath already has programs in place. Please call DSN 226-8602 or 01638-528-602 for more info.

Airmen & Family Readiness Center

- DSN 268-3557 or 01480-843-557

Military and Family Life Consultants

- Cell 07766-623-590
- DSN 268-3295

We should also make time to look after ourselves, because the bottom line is this: you're nothing without you. And without you, others and the mission suffer.

Other simple things you can do to help improve your wellbeing include, simply taking a minute to walk away from whatever you're doing in order to compose yourself with a few deep breaths; learning and practicing relaxation methods – they're really very easy and profoundly effective.

Down In The Dumps? By Dr. James Powell, PsyD

Understanding and diagnosing the young child who has depression is a very difficult task for most parents since the pre-adolescent individual is not as articulate as an adult in expressing how they feel. Instead of being able to say that they are depressed the younger child will most often display their feelings in behavioral reactions. Sometimes they will give the parent descriptions that suggest a physical problem or something that is of less severity than depression.

For example the child may say that they are sad, bored or just do not feel well. Parents quite naturally assume that statements such as these reflect a temporary situation rather than being indications of the more serious state of depression and will often respond with suggestions that are inappropriate or at best unhelpful. Many parents will respond by telling the child about all the things they have to play with so that they should never be bored or perhaps suggesting to them to just go lie down for awhile to see if they feel better. How then can a parent learn to read between the lines to understand just what it is that the child is trying to convey?

The first step for parents is to recognize that children can and may be as upset or disturbed by a situation as an adult. Events

which would cause most adults to feel a sense of helplessness or hopelessness (e.g. the death of somebody we are close to, the divorce of parents, loss of a home, moving away from friends and failure) can cause a depressed state to develop in a child as readily as in an adult. It is easy to assume that the young child will be unaware of the events that surround them and that supposed childhood innocence will protect them from the worries that overwhelm us as adults. This is rarely

You could use "reassuring thinking." For example, telling yourself that no matter what happens you can handle it.

But wait, there's more...yes folks, you also read it here...regular exercise, eating well, and engaging in pleasurable activities and adequate sleep have been shown (for thousands of years now) to improve our wellbeing, Which ...lo and behold....

true and most often the young child will feel the problem as deeply as any adult but just display it in a different way.

Your child may become listless, feel hopeless, and show the tears of sadness as readily as any adult. However it is just as likely that he may become anxious, agitated, and act out his fears in aggressive or destructive manners. The term agitated depression is not an oxymoron but instead is often used to describe children who react to a depressive event in a restless, reckless, or even panicky manner. They may be as worried and as irritable as any adult over a situation but seem to display in their behavior the opposite of what we usually associate with depression.

As a parent helping a depressed child you must walk a narrow path between unrealistic optimism and abject despair. You must instill in your child the idea that through open discussion of a problem a solution can be found. You must validate the reality of the child's feelings while at the same time not imparting the notion that you accept the feelings as the only way to react to the situation. This is the essence of the hope that you are trying to instill in your child.

The discussions that you hold with your child need to be multiple, adaptable to the times when your child is hurting, and flexible in your approach. Sometimes you may need to bake brownies while talking with your child about their feelings. Perhaps you need to walk together away from the situation. Maybe it's a time for you to go for a drive, to a cinema, or play a game. The key feature or commonality to all these is that it is a time you make for the two of you to talk and especially for you as a parent to listen.



**Department of Defense Dependents Schools
and
Educational and Developmental Intervention Services (EDIS)**



Child Find



What is child find?

Child Find is an outreach program that actively seeks to locate and identify children and youth who may have developmental delays or educational disabilities and may be in need of special education and related services.

Who is it for?

Dependents of military and DoD civilians from birth to 21 years of age

Programs and Services Available

Early Intervention – Birth to 3

Preschool – Ages 3 to 5

Fine/Gross Motor Skills

Learning Difficulties

Speech/Language Development

Visual/Hearing Acuity

Where do I go for more information?

For children ages three and older, contact Alconbury Elementary School - Carol Teachey (DSN 268-3620; Com 01480 843620)

Alconbury High School - Sheri Black (DSN 268-3769; Com 01480 843769)

For children birth to age 3, contact EDIS for an appointment.

EDIS-Upwood (serving RAF Croughton, RAF Molesworth, RAF Alconbury, and RAF Upwood) (DSN 268-4513; Commercial 01480 844513)

Free Screenings (Croughton Sept. 15, 2011 & Alconbury Sept. 16, 2011)